Open Access Plan (OAP) Benefits

The benefits described below represent the minimum level of coverage available in an OAP. Benefits are outlined in the plan's summary plan document (SPD). It is the member's responsibility to know and follow the specific requirements of the OAP plan. Contact the plan for a copy of the SPD. A $75 prescription deductible applies to each plan participant (see page 21 for details).

Benefit	Tier I 100% Benefit	Tier II 90% Benefit	Tier III (Out-of-Network) 60% Benefit
Plan Year Maximum Benefit	Unlimited	Unlimited	Unlimited
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Max Per Individual Enrollee Per Family	Not Applicable	$900 $1,500	$1,800 $3,800
Annual Plan Deductible (must be satisfied for all services)	$0	$250 per enrollee*	$350 per enrollee*
Hospital Services			
Inpatient	100% after $325 copayment per admission	90% of network charges after $375 copayment per admission	60% of allowable charges after $475 copayment per admission
Inpatient Psychiatric	100% after $325 copayment per admission	90% of network charges after $375 copayment per admission	60% of allowable charges after $475 copayment per admission
Inpatient Alcohol and Substance Abuse	100% after $325 copayment per admission	90% of network charges after $375 copayment per admission	60% of allowable charges after $475 copayment per admission
Emergency Room	100% after $225 copayment per visit	100% after $225 copayment per visit	100% after $225 copayment per visit
Outpatient Surgery	100% after $225 copayment per visit	90% of network charges after $225 copayment	60% of allowable charges after $225 copayment
Diagnostic Lab and X-ray	100%	90% of network charges	60% of allowable charges
Physician and Other Professional Services **(Copayment not required for preventive services)**			
Physician Office Visits	100% after $18 copayment	90% of network charges	60% of allowable charges
Specialist Office Visits	100% after $25 copayment	90% of network charges	60% of allowable charges
Preventive Services, including immunizations	100%	100%	Covered under Tier I and Tier II only
Well Baby Care (first year of life)	100%	100%	Covered under Tier I and Tier II only
Outpatient Psychiatric and Substance Abuse	100% after $18 or $25 copayment	90% of network charges	60% of allowable charges
Other Services			
Prescription Drugs – Covered through State of Illinois administered plan, Express Scripts; $75 deductible applies Generic $8 Preferred Brand $26 Nonpreferred Brand $50			
Durable Medical Equipment	80% of network charges	80% of network charges	60% of allowable charges
Skilled Nursing Facility	100%	90% of network charges	Covered under Tier I and Tier II only
Transplant Coverage	100%	90% of network charges	Covered under Tier I and Tier II only
Home Health Care	100% after $25 copayment	90% of network charges	Covered under Tier I and Tier II only

* An annual plan deductible must be met before plan benefits apply. Benefit limits are measured on a plan year. Plan copayments, deductibles and amounts over the plan's allowable charges do not count toward the out-of-pocket maximum.